



Annexation 60% Petition Application

City of Battle Ground
 Community Development Planning Division
 109 SW 1st Street, Suite 127
 Battle Ground, WA 98604
 Phone: (360) 342-5047 | Fax: (360) 342-5049
www.cityofbg.org

| Department Use Only | |
|---------------------|------------|
| Date Received: | Receipt #: |
| Project File #: | Fee: |

| ANNEXATION LOCATION | | | |
|---|--------|-------------------|--------|
| Annexation addresses: | | | |
| Parcel Numbers: | | | |
| Zoning District: | | | |
| Number of Lots: | | | |
| PROJECT NAME AND DESCRIPTION | | | |
| | | | |
| PROPERTY OWNER | | APPLICANT | |
| Name: | | Name: | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Phone: | Email: | Phone: | Email: |
| REQUIRED SIGNATURES | | | |
| <i>I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.</i> | | | |
| Owner's Signature: | | | Date: |
| Applicant's Signature: | | | Date: |

| ANNEXATION 60% PETITION SUBMITTAL REQUIREMENTS | |
|--|--|
| Filing Fee | |
| Submit one (1) copy of the following items: | |
| Completed and signed application | <i>If someone other than the owner is signing the application, an authority to act letter from the legal owner is required</i> |
| Signed original 60% petition | |
| Legal description and sketch of proposed annexation area | |
| Property owner list | A current list of names and addresses of all property owners within a 500' radius of the site certified as accurate and complete by the Clark County Assessor or title company. |
| Any supplemental information | Special studies identified in writing by the Community Development Director or designee or specifically required by an applicable section of the development code, e.g. wetland study, mitigation plan, etc. |